

**Renal Urinary
Medical Questionnaire**

Applicant Name: _____ **Applicant ID Number:** _____

Please answer all questions thoroughly. Omissions or incomplete responses could result in a request for medical records and a delay in processing of this application. Use separate sheet of paper if necessary.

1. What is your specific diagnosis (i.e., urinary tract infections, kidney infections, kidney stone(s), cystitis, glomerulonephritis, interstitial cystitis, or other)? _____

2. When was your condition diagnosed? (Date) _____

3. When were you last treated for a renal/urinary condition and how many episodes have you had in the last 2 years? _____

4. Have you ever been hospitalized, had surgery, or been evaluated in the emergency room for your condition? **YES** **NO** If YES, please provide the following information.

DATE OF VISIT	PHYSICIAN or / FACILITY NAME	ADDRESS	TYPE OF TREATMENT
mo/yr _____			
mo/yr _____			

5. Please list all medications taken for this condition in the space provided.

MEDICATION NAME	DOSEAGE & FREQUENCY	DATE PRESCRIBED	DATE DISCONTINUED	PRESCRIBING PHYSICIAN
		mo/yr _____	mo/yr _____	
		mo/yr _____	mo/yr _____	
		mo/yr _____	mo/yr _____	

6. Is your renal/urinary condition related to another medical conditions such as diabetes, hypertension, or other? **YES** **NO** If YES, please provide specific details. _____

7. Have you ever had kidney stones? **YES** **NO** How many episodes? _____
When was the most recent episode? _____ Was treatment required? **YES** **NO**

8. Have you ever had to undergo kidney dialysis? **YES** **NO** If YES, please provide date. _____

9. Do you have ESRD (End Stage Renal Disease)? **YES** **NO** If YES, have you applied for, or are you currently covered by Medicare? **YES** **NO**

10. Are you a candidate, or have you received a kidney transplant? **YES** **NO**

11. Have any further tests, treatments or surgical procedures been discussed or recommended but not yet performed? **YES** **NO** If YES, please provide specific details. _____

Signature: _____ **Date:** _____
Applicant or Parent/Guardian

